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SUCKE FARY OF CORPORATION OF CORPORATION

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COVER LETTER

TO:	Registration Se Division of Cor			
CITE II		CY Transport, LLC.		
SUBJI	.cr:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rolando Martinez		
			Name of Person	
		Royal Carrier Service, LLO	C.	
			Firm/Company	
		265 SW 67th Ave		
		<u> </u>	Address	
		Miami, FL, 33144		
			City/State and Zip Code	·
		RCS-miami@royalearrierse		
For fur	ther information co	oncerning this matter, please co	to be used for future annual report notifall:	ication)
Roland	do Martinez		305 222-7116	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUCLEAN Name of the Limited I	MCY TRANSPOR Jability Company as it now appears on Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L 18000</u> 133898	· ·	129/2018	and assig	med
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbrev	riation "L.L.	.C." .
Enter new principal offices address, if applicable	e:	·	≅	<u></u>
(Principal office address MUST BE A STREET A	IDDRESS _I		<u>_</u> =_	200 N
			-6	<u>유로구</u>
Enter new mailing address, if applicable:			P# 12	20.20 20.20 20.20 20.20 20.20
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ır records, <u>enter the</u>	name_o	f the nev
Name of New Registered Agent:		·····		
New Registered Office Address:	Enter Florida :	street address		
_		Florida		
	City	2	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Martha Llaurado Same	5731 NW 37th Street Apt. #220	⊒ Add
		Virginia Gardens, FL, 33166	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			
			□ Remove
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n effective date is listed, the date must be sp te: If the date inserted in this block do	ecitic and car	nnot be prior to	date of filing or	more than 90 day	s after filing.) Purs	uant to 605
cument's effective date on the Departn					., .,,,	
record specifies a delayed effe	ictive dat	e but not	an effective	time at 12:	01 am on t	ho parlic
The 90th day after the record is	filed.	c, bac not	on checuve	unic, at 12.	or a.m. on (ne earlit
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Filing Fee: \$25.00